

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number
Filing/ Issue Date
Attorney Docket Number

**As set forth on the attached
Schedule A**

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

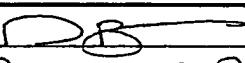
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Swiss Law Group				
Address	3000 El Camino Real				
Address	Building 3, Suite 100				
City	Palo Alto	State	CA	ZIP	94306
Country	USA				
Telephone	650 856 3700	Fax	650 856 3710		

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name			
Signature	Robert J. Blum		
Date	Jan 5, 2004	Telephone	650 624 3000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.



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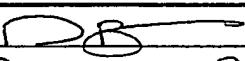
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